INTAKE	QUESTIONNAIR

10#

FORM

0 4

V 2

1-8

Card 01

NAME OF INTERVIEWER

DATE OF INTERVIEW

\_

11-12 13-18

EARLY PREGNANCY STUDY

## AT THE DOOR:

Hello, my name is (YOUR NAME). I am from Survey Research Associates and I'm here to talk with (NAME OF RESPONDENT).

ARRANGE PRIVATE SETTING FOR INTERVIEW.

OBTAIN CONSENT FORM. GIVE RESPONDENT A COPY OF THE CONSENT FORM FOR HER FILES.

									TIME INTE	RVIEW BEG	AN	ал рп
									LENGTH OF	INTERVIE	MINUTES	19-20
ECTION	A -	DEM	OGRAP	HIC IN	FORMA	ATION						
A1.	Wha	t i	s you	r date	of b	irth?						
									MONTH	DAY	YEAR	21-26
A2.	Wha	t i	s you	r curr	ent m	marita	1 statu	s?				
				ONE AS					(A4)			27
А3.				th and		were	you man	rried to				
										MONTH	YEAR	28-31
										SKIP TO	A5.	
A4.	In with	what h ye	t mon	th and resent	year part	did )	ou beg	in livir	ng			
										MONTH	YEAR	32-35
A5.	What date				and's	/partn	er's)					
									MONTH	DAY	YEAR	36-41
A6.	What	is	your	curre	nt he	ight?						
										FT	INCHES	42-44
A7.	What	is	your	curre	nt we	ight?						
											POUNDS	45-47

ON PREGNANCY TABLE.

LIVEBIRTH....1

STILLBIRTH...2

28

LIVEBIRTH....1

STILLBIRTH...2

35

LIVEBIRTH....1

STILLBIRTH...2

42

LIVEBIRTH....1

STILLBIRTH...2

Card 02 B1. Have you ever been pregnant, including YES..... live births, stillbirths, miscarriages, NO.... (SECTION C)....2 11 tubal pregnancies or induced abortions? DK....(SECTION C)....8

82. How many times have you been pregnant, including live births, stillbirths, miscarriages or other terminations? RECORD RESPONSE AND ENTER EACH PREGNANCY BY NUMBER ON THE PREGNANCY TABLE IN THE # BOX IN THE UPPER LEFT HAND CORNER. READ TO R: Now I'm going to ask you some questions about your

pregnancies. ENTER RESPONSES TO Qs. B3-B9

B3. How did your (first/second, etc.) pregnancy end? B4. Did this child have any birth defects?

B5. Can you tell me exactly what the birth defect was? RECORD VERBATIM. LEAVE OFFICE CODE BLANK.

PREGNANCY

QB2 B	3 PREGNANCY OUTCOME	B4 BIRTH DEFECT	B5 DEFECT TYPE	
# 14 LIVEBIRTH1 STILLBIRTH2	MISCARRIAGE(86)3 ECTOPIC/TUBAL(86)4 INDUC. ABORTN(86)5	76 YES1 NO(B6)2 DK(B6)8	17-20	OFFICE CODE
4 1 41	99	02	04.07	-

29

36

43

MISCARRIAGE....(86)....3

ECTOPIC/TUBAL..(B6)....4

INDUC. ABORTN..(B6)....5

MISCARRIAGE....(B6)....3

ECTOPIC/TUBAL..(B6)....4

INDUC. ABORTN..(86)....5

MISCARRIAGE....(86)....3

ECTOPIC/TUBAL.. (B6)....4

INDUC. ABORTN..(86)....5

MISCARRIAGE....(B6)....3

ECTOPIC/TUBAL.. (B6)....4

INDUC. ABORTN..(86)....5

NO..(B6)....2

DK..(B6).....8

30

YES.....1

NO.. (B6).....2

DK..(B6).....8 37

NO..(B6)....2

DK..(B6).....8 44

NO.. (B6)....2

DK..(B6).....8

38-41

45-48

OFFICE CODE

31-34 OFFICE

CODE

CODE

CODE

12-13

- B6. In what month and year did this (livebirth/stillbirth/miscarriage, etc.) occur?
- B7. Was this a planned pregnancy?
- B8. How many months was it from the time you first began trying to become pregnant until you conceived this pregnancy?
- B9. How many weeks did this pregnancy last? WEEKS FROM LAST PERIOD TO TERMINATION. CONSIDER 40 WEEKS AS FULL TERM. CALCULATE WHEN NECESSARY.

## TABLE

B6 MONTH & YEAR OF PREGNANCY	B7 PREGNANCY PLANNED	TO GET PG	B9 LENGTH OF PREGNANCY
49-50 51-52 MONTH YEAR	YES1 NO(B9)2 DK(B9)8	54-55 MONTHS	40 = weeks early= 56-57 40 + = weeks late= WEEKS
58-59 60-61 MONTH YEAR	YES1 NO(B9)2 DK(B9)8	63-64 III MONTHS	40 = weeks early= 65-66 40 + = weeks late= WEEKS
67-68 69-70 	YES	72-73 III MONTHS	40 = weeks early= 74-75 40 + = weeks late= WEEKS
Card 03 11-12 13-14 MONTH YEAR	YES	16-17 MONTHS	40 = weeks early= 18-19 40 + = weeks late= WEEKS
20-21 22-23 MONTH YEAR	YES241 NO(B9)2 DK(B9)8	25-26 MONTHS	40 = weeks early= 27-28 40 + = weeks late= WEEKS

C3.

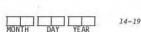
73

## SECTION C: MENSTRUAL AND CONTRACEPTIVE HISTORY

C1. +	low pld	were	VOU	when	vou	had	vour	first	menstrual	period?

	AGE 11-12	
C2.	Generally speaking, are your periods regular or irregular? That is, is the length of time between your periods about the same each cycle?	

What was the first day of your last normal menstrual period?



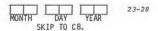
C4. What is your usual cycle length? That is, how many days is it from the first day of one menstrual period to the first day of your next menstrual period?

20-21

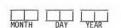
22

C5. We would now like to ask about the two most recent periods of time that you have used birth control. Are you currently using any method of birth control, including rhythm?

C6. On what day do you plan to stop using birth control?



C7. When did you discontinue using birth control?



C8.	What (is your current method/was that method) of birth control?	
	. RECORD VERBATIM.  IF BIRTH CONTROL PILL OR IUD, HAND R APPROPRIATE CARD AND SAY: Please look at these photographs and show me the (pill/type of IUD) you (are now using/last used). ENTER PILL OR IUD CODE AT RIGHT.	
	BC CODE	35-36
C9.	In what month and year did you begin using (METHOD IN C8)?	
	MONTH YEAR	37-40
C10.	Did you use birth control before (DATE IN C9)?	
	YES	41
C11.	What was this method of birth control?	
	RECORD VERBATIM. IF BIRTH CONTROL PILL OR IUD, HAND R APPROPRIATE CARD AND SAY: Please look at these photographs and show me the pilltype of IUD) you used. ENTER PILL OR IUD CODE AT RIGHT.	
	BC CODE	42-43
C12.	In what month and year did you begin using (METHOD IN C11)?	
	MONTH YEAR	44-47
C13.	In what month and year did you stop using this method of birth control?	
	MONTH YEAR	48-51
C14.	IF R HAS NOT SPECIFIED USE OF BIRTH CONTROL PILLS, ASK: Have you ever used birth control pills?	
	YES	52

C21. Did your mother take DES (diethystilbestrol) while she was pregnant with you?

## SECTION D. BEVERAGE INFORMATION

Now I'm going to ask you some questions about the beverages you drink. RECORD RESPONSES ON BEVERAGE TABLE BELOW. RECORD ALL INFORMATION ON EACH BEVERAGE BEFORE GOINS ON TO THE NEXT BEVERAGE.

D1. During the past month, how many (READ BEVERAGE AS SPECIFIED ON CHART) did you drink on a daily, weekly or monthly basis? IF "NONE" OR "NEVER DRINK", CODE ZERO IN NONE-FREQUENCY COLUMN ON BEVERAGE TABLE AND ASK FOR NEXT BEVERAGE.

USE THE COMMENTS COLUMN FOR RESPONSES THAT DO NOT FIT THE PRECODED TABLE.

Card 05		BEVERAG	E TABLE		
1200000000		D1 FRE	QUENCY		
BEVERAGE	NONE	DAILY		MONTHLY	COMMENTS
cups of brewed caffeinated coffee	11	12 - 13	14 - 15	16 - 17	
cups of instant caffeinated coffee	18	19 - 20	21 - 22	23 - 24	
cups or glasses of non- herbal hot or iced tea	25	26 - 27	28 - 29	30 - 31	
8 oz. glasses of cola soft drinks	32	33 - 34	35 - 36	37 - 38	
12 oz. bottles or cans of beer	39	40 - 41	42 - 43	44 - 45	
4 oz. glasses of wine	46	47 - 48	49 - 50	51 - 52	
lå oz. shots of hard liquor	53	54 - 55	56 - 57	58 - 59	

				DK8
E2.	At what age	e did you	start smoking	cigarettes?

		AGE	12
E3.	. Are you currently smoking?		

YES......1

E4. How old were you when you stopped smoking? 15-16

E5. Altogether, how many years have you smoked, subtracting out times when you were not smoking? 17-18

E6. On an average day, how many cigarettes a day (do/did) you smoke? (20 CIGARETTES TO A PACK) 19-20

E7. Did you smoke any marijuana during the last three months?

NO......2

How many times did you smoke marijuana during the last three months?

E9. Did your mother smoke when she was pregnant with you?

PAG	E 9	
E10.	When you were younger than 10 years old, did your mother smoke in your home on a regular basis?	
	YES	25
E11.	When you were younger than 10 years old, did your father smoke in your home on a regular basis?	
	YES	26
E12.	When you were younger than 10 years old, did anyone else in your household smoke on a regular basis?	
	YES 1 NO. 2 DK 8	27
E13.	Has your (husband/partner) ever smoked a total of 100 or more cigarettes in his lifetime?	
	YES	28
E14.	At what age did he start smoking cigarettes?	29-30
E15.	Is he currently smoking cigarettes?	
	YES(E17)1 NO2	31
E16.	How old was he when he stopped smoking?	32-33
E17.	Altogether, how many years has he smoked, subtracting out times when he was not smoking?	34-35
E18.	On an average day, how many cigarettes a day (does/did) he smoke? (20 CIGARETTES TO A PACK)	36-37

F1. Have you taken any prescription or non-prescription medications, including aspirin, digestive aids and vitamins during the past three months?

YES.																								1	l	
NO						(	S	E	C	T	I	Ò	M	1	G	1)			0		्			2	,	11

ENTER RESPONSES TO F2 THRU F6 ON MEDICATION TABLE BELOW.

- F2. Please tell me the names of all these medications. SPECIFY BRAND NAME FOR ASPIRIN AND OTHER ANALGESICS. ASK F3 THRU F6 FOR A MEDICATION BEFORE ASKING ABOUT THE NEXT MEDICATION.
- F3. What was your usual dosage for (MEDICATION NAME)?
- F4. How often did you take this medication?
- F5. Is this a prescription medication?
- F6. How many days or weeks did you take this medication during the last three months?

WHEN TABLE IS COMPLETED, PROBE: Is there any other medication you took during the past three months? IF YES, ENTER ON TABLE; IF NO, GO TO SECTION G.

F2 MEDICATION NAME	F3	DOSAGE	F4 SCHEDULE	F5 PRESCRIPTION?	F6 TIME TAKEN
0FFICE CODE	16-19	OFFICE CODE	20 X DAY 21 X WEEK	YES1 NO2	23-24 DAYS 25-26 WEEKS
27-30 OFFICE CODE	31-34	OFFICE CODE	35 X DAY 36 X WEEK	YES1 NO2	38-39 DAYS 40-41 WEEKS
0FFICE CODE	46-49	OFFICE CODE	50 X DAY 51 X WEEK	YES1 NO2	53-54 DAYS 55-56 WEEKS
57-60 OFFICE CODE	61-64	OFFICE CODE	65 X DAY	67 YES1 NO2	68-69 DAYS 70-71 WEEKS
0FFICE CODE	15-18	OFFICE CODE	19 X DAY 20 X WEEK	YES1 NO2	22-23 DAYS 24-25 WEEKS
26-29 OFFICE CODE	30-33	OFFICE CODE	34 X DAY 35 X WEEK	YES1 NO2	37-38 DAYS 39-40 WEEKS

G7. Please describe your most recent job and tell me your complete job title

24-27

OFFICE CODE

and your duties on this job.

Page	12	
G8.	What is the name of the company you worked for and what does this company make or do?	
	PROBE FOR WHOLESALE OR RETAIL AND CIRCLE CODE W R  OFFICE CODE	28-31
G9.	Which of these categories best describes your race? HAND CARD A.	
	AMERICAN INDIAN OR ALASKAN NATIVE	32
G10.	Were you born in the United States? YES(613)1	33
G11.	In what country were you born?OFFICE CODE	34-35
G12.	In what year did you first enter the U. S.?	36-37
G13.	Which letter represents your total family income last year before taxes or deductions of any $k \ln d^2$ Include the income of all family members who live in the household. HAND CARD B.	
	\$ under 5,000 A 01 5,000 - 9,999 B 02 10,000 - 14,999 C 03 15,000 - 19,999 D 04 20,000 - 24,999 E 05 25,000 - 29,999 F 06 30,000 - 49,999 G 07 50,000 ar more H 08 RF 96 DK 98	38-39
G14.	How many people, including yourself, were supported mainly by this income?	40-41
	THANK RESPONDENT FOR PARTICIPATING. TELL RESPONDENT: We will be asking about your medication usage throughout the study. Will you please save the containers of any medications you use for our review? COMPLETE FOLLOW-UP INFORMATION FORM.	
	VOLUNTEER INFORMATION FORM COMPLETED	42
	CONSENT FORM COMPLETED	43

TIME INTERVIEW ENDED

am

Page		ard 10
R1.	RESPONDENT'S COOPERATION WAS VERY GOOD	11
R2.	THE QUALITY OF EACH SECTION OF THE INTERVIEW IS: (COMPLETE FOR EACH SECTION CIRCLING THE FOLLOWING CODES).	
	HIGH QUALITY1 GENERALLY RELIABLE2 QUESTIONNABLE3	
	IF CODE 3 OR 4, CODE REASON. QUALITY REASON	
	SECTION A: DEMOGRAPHIC INFORMATION	12-14
	SECTION B: PREGNANCY HISTORY	15-17
	SECTION C: MENSTRUAL AND CONTRACEPTIVE HISTORY1 2 3 4	18-20
	SECTION D: BEVERAGE INFORMATION	21-23
	SECTION E: TOBACCO HISTORY	24-26
	SECTION F: MEDICATION INFORMATION	27-29
	SECTION G: BACKGROUND INFORMATION	30-31
REASO	CODES FOR QUESTIONABLE OR UNSATISFAGTORY INFORMATION (ENTER CODE ABOVE):	
	THE MAIN REASON FOR UNSATISFACTORY OR QUESTIONABLE QUALITY OF INFORMATION WAS DECAUSE THE RESPONDENT:	
	DID NOT KNOW OR REMEMBER ENOUGH ABOUT THE TOPIC	
	DID NOT WANT TO BE MORE SPECIFIC	
	DID NOT UNDERSTAND OR SPEAK ENGLISH WELL	
	NAS BORED OR UNINTERESTED	
	VAS UPSET, DEPRESSED OR ANGRY	
	AAD POOR HEARING OR SPEECH	
	AS CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS	
	AS INHIBITED BY OTHERS AROUND HER	
	WAS EMBARRASSED BY THE SUBJECT MATTER	
	VAS EMOTIONALLY UNSTABLE	
	WAS PHYSICALLY ILL	
	OTHER (SPECIFY)	